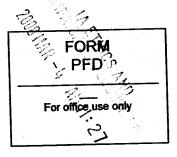
Mail to: IECDB 510 East 12th, Suite 1A Des Moines, Iowa 50319 Or Fax: (515)281-4073

Reset Form



## Iowa Ethics and Campaign Disclosure Board

Required by Iowa Code section 68B.35, 68B.3(2), and rules in 351 - Chapter 7.

Personal Financial Disclosure Statement
Name: Resetype or print legibly
Agency or department: Down Roard of Pardle
Position held:
Statewide office sought (non-incumbent candidates only):
This statement is for Calendar Year 20 Check if this is an <u>amended</u> statement.   This statement is required to cover the calendar year <u>preceding</u> the year the report is due.
General instructions: Complete each of Parts A, B, and C below. Attach additional pages if necessary.
* * * * * * * * * * * * * * * * * * * *
Part A. Business, Occupation, or Profession. By position or job title, list each business, occupation, or profession in which you were engaged during the previous calendar year, including the name and nature of each business or employer. If you were not employed by anyone other than the agency and for the position held above check here.
1
Part B. Income sources of more than \$1,000. In the categories below list each source from which you received more than \$1000 in gross annual income during the previous calendar year. The amount or value of the holding is not required to be listed. This includes the total amount of any income received jointly with one or more persons exceeding \$1000. Do not report income received solely by your spouse or other family members. A source is reportable if the gross income produced was subject to federal or state income tax during the reporting period. If you have nothing to report under Part B check here.
1. Securities. List any company in which you owned securities
1
3.

	uch as certificates of deposit or savings accounts.	Res
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rus	ts. State the nature or type of the trusts.	
N)	2/18	
}eal	Estate. List the nature of real estate interests including an interest from which income was	
ed 1	from the selling of property. Do not list the location, address, or legal description	
	).	
	NA L	
leti	rement Systems. List the name of the employer/sponsor of any retirement benefit system.	
	A 114	
	NA	
ifa	s to political subdivisions. List any sales of a good or service to a political subdivision of the commission from the sale was received.	
Oth	er. List other sources of annual gross income not reported above that were reported for tax	
pose	s.	
	NA	
rt (	C. Certified Signature.	
	I certify that this statement is true and accurate to the best of my knowledge. I understand	that
m su	bject to potential civil and criminal penalties for failing to file an accurate statement or for fail	ing
	his statement by the required due date.	
· `		
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